



## Transcript Request Form

Please fill out, sign, and return to your current school.

Attention:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

Please send a copy of the educational records, evaluations, and immunization records for:

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Date of Birth**

Below is the parent signature authorizing the release of these materials.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please send records to:

Billings Middle School - Admissions Office  
7217 Woodlawn Ave NE  
Seattle, WA 98115

*Thank you for your help.*

Billings Middle School, a Washington State approved non-profit educational organization, was founded in 1979 as The Intermediate School. It is our policy not to discriminate against any person on the basis of sex, race, color, creed, sexual orientation, physical ability or national origin.